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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blacks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 01/29/2007 23505 7590 Cortificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop SSUE FED address above, or being facsimile transmitted to the ASPTO (5-1) 273-2855, on the date indicated below. CONLEY ROSE, P.C. P. O. BOX 3267 HOUSTON, TX 77253-3267 (Denositor's name) 200 (Date) ATTORNEY DOCKET NO. FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE 1912 Warren R. White 2106-00101 10/622.157 07/17/2003 TITLE OF INVENTION: MOBILE CATTLE HOSPITAL DATE DUE TOTAL FEE(S) DUE ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE APPLN, TYPE SMALL ENTITY 04/30/2007 S700 \$300 S0 \$1000 nonprovisional YES ART UNIT **CLASS-SUBCLASS** EXAMINER 119-512000 HAYES, BRET C 3641 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Mark E. Scott ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Conley Rose, P.C. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: XXIssue Fee → A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. Expublication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2769 (enclose an extra copy of this form). Advance Order - # of Copies Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). Ki. Applicant claims SMALL ENTRY status. See 37 NOTE: The Issue Fee and Publication Foe (d required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Updoo States Patent and rademark Office. Date April 2, 2007 Authorized Signature Scott Registration No. 43,100 Mark E. Typed or printed name

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